



Nature of the Rural Healthcare in Assam: Challenges and Opportunities

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Abstract:

Health can be regarded as the real wealth of everyone. If we are in sound health, we can properly think about anything and do our best for the own development or the development of the society as a whole. It can play a vital role in the socio-economic development of a nation too. Access to quality healthcare remains a pressing concern in rural parts of India, particularly in the north-eastern region. This study investigates the multifaceted dimensions of healthcare access in Dergaon, a semi-rural area in Assam's Golaghat district. Employing a structured questionnaire, primary data were collected from 250 respondents covering demographic factors, frequency of healthcare utilization, barriers to access, and satisfaction levels. The findings reveal that socioeconomic status, transportation challenges, healthcare costs, and insurance coverage significantly affect access to medical services. The study also identifies critical gaps in preventive care and the presence of systemic barriers such as discrimination and language differences. Policy recommendations include expanding primary healthcare infrastructure, improving public health awareness, and ensuring equitable healthcare financing mechanisms.

Keywords: Affordability, awareness, public-health, rural-health, preventive-care.

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Introduction

Health can be regarded as the real wealth of everyone. If we are in sound health, we can properly think about anything and do our best for the own development or the development of the society as a whole. India's healthcare system has made commendable strides in recent decades, particularly in reducing communicable diseases and improving maternal health. However, disparities in access to healthcare persist, especially in rural and marginalized communities. In regions like Assam, which face infrastructural, geographic, and economic constraints, these disparities become more pronounced. Dergaon, a town in the Golaghat district, epitomizes the rural healthcare dilemma of India: limited facilities, low health literacy, and persistent affordability challenges. The objective of this study is to explore the real-world barriers to accessing healthcare in Dergaon. Using a field-based approach, we collected responses from 250 residents through a well-structured questionnaire. The research seeks to identify key patterns of healthcare utilization, factors influencing health-seeking behaviour, and the structural issues hindering access to timely and quality medical services.

Literature Review

Several studies have addressed healthcare disparities in rural India. According to Rao et al. (2020), rural areas in India often suffer from poor infrastructure, under-staffing of healthcare professionals, and limited access to specialized services. In the northeastern region, these challenges are compounded by difficult terrain and low economic productivity (Bora & Hazarika, 2019).

Singh and Shekhar (2021) emphasize the role of insurance and affordability in determining healthcare access, showing that households with insurance are more likely to seek preventive care and avoid financial distress. Furthermore, Banerjee and Dutta (2022) argue that cultural and linguistic barriers reduce utilization of institutional healthcare services in multi-ethnic regions such as Assam.

Our study builds on this existing literature by focusing specifically on Dergaon, which has received limited scholarly attention. It fills a crucial gap by providing empirical data that can be used for regional policy development and planning.

Objectives of the Study

- To assess the utilization patterns of preventive and curative healthcare services in Dergaon.
- To examine the demographic and economic factors influencing access to healthcare.
- To identify the primary barriers—financial, logistical, and social—that restrict healthcare access.
- To recommend policy interventions for enhancing healthcare delivery and equity.

Methodology

This study adopts a descriptive cross-sectional research design to assess healthcare access in Dergaon, Golaghat district of Assam. A structured questionnaire, designed to capture both quantitative and qualitative aspects of healthcare utilization, barriers, and satisfaction, was used as the primary tool for data collection. The questionnaire covered demographic details, frequency of preventive and curative healthcare use, insurance coverage, financial and logistical constraints, and perceptions of service quality. A sample of 250 respondents was selected using stratified random sampling to ensure representation across key variables such as age, gender, income, and education levels. Data were collected through face-to-face interviews conducted in the local language by trained enumerators over a period of four weeks. The quantitative data were analysed using descriptive statistics including frequencies and percentages, while open-ended responses were subjected to thematic analysis to extract common concerns and suggestions. This mixed-methods approach provided a holistic understanding of healthcare access and the specific challenges faced by the rural population in Dergaon.

Scope and Limitations of the Study

Scope:

This study focuses on assessing the various dimensions of healthcare access in Dergaon, a semi-rural area in Assam's Golaghat district. It covers a wide range of factors, including healthcare utilization patterns, financial and logistical barriers, insurance coverage, and satisfaction with healthcare services. By employing both quantitative and qualitative methods, the study offers a holistic view of the challenges faced by the local population. It also provides actionable policy recommendations that can serve as a foundation for local government planning, health program development, and future academic research related to rural healthcare in Northeast India.

Limitations:

Despite its comprehensive approach, the study has certain limitations. Firstly, it is geographically limited to Dergaon and may not fully reflect the healthcare access conditions in other regions of Assam or Northeast India. Secondly, the findings are based on self-reported data, which may be subject to recall bias or personal perceptions. Thirdly, the study does not account for seasonal or epidemic-related health issues that could influence healthcare demand and availability. Lastly, the sample size, though statistically significant, may not capture the entire diversity of health experiences within the population, especially among marginalized subgroups. These limitations should be taken into account when interpreting the results and applying them to broader contexts.

Analysis and Discussion

The respondents in the study from Dergaon represented a broad spectrum of the local community. A significant portion of the individuals surveyed were in the 31-50 age brackets, suggesting a focus on the economically active segment of the population. The gender distribution was nearly balanced, with slightly more males than females participating. In terms of education, a notable number had completed schooling up to the higher secondary level, while others had either less formal education or had pursued graduate-level studies. A concerning finding was that over half of the respondents reported monthly incomes below ₹10,000, highlighting widespread financial vulnerability. Only a few families of the area earn above ₹30,000 per month, indicating a relatively small affluent group. This economic reality was further underscored by the fact that a large majority of the respondents did not have health insurance, making them highly dependent on out-of-pocket payments for their medical needs. The following table shows the Socio-Demographic Profile of Respondents.

Table 1: Socio-Demographic Profile of Respondents

Variable	Categories	Frequency	Percentage
Age	Below 30	87	34.8%
	31-50	112	44.8%
	Above 50	51	20.4%
Gender	Male	135	54%
	Female	115	46%
Education Level	Below HSLC	75	30%
	HSLC to HS	100	40%
	Graduate & above	75	30%
Income Level	<₹10,000	130	52%
	₹10,000-₹30,000	85	34%
	>₹30,000	35	14%
Insurance Status	Insured	95	38%
	Not Insured	155	62%

Source: Compiled by the researcher from Field Survey

The above table on the socio-demographic profile of the respondents reveals important insights into the population surveyed in Dergaon. In terms of age distribution, the majority of participants (44.8%) fall within the 31-50 age group, indicating a predominance of economically active individuals, followed by 34.8% below the age of 30, and 20.4% above 50. Gender-wise, the sample maintains a near-balanced representation, with males constituting 54% and females 46%, allowing for gender-based analysis. Educationally, 40% of respondents have completed schooling up to the higher secondary level, while 30% each fall below HSLC and graduate-level qualifications, reflecting a moderate educational attainment in the area. Income distribution shows a concerning trend, with over half (52%) earning less than ₹10,000 per month, suggesting financial

vulnerability among a significant portion of the population. Only 14% earn above ₹30,000, pointing to a small affluent group. Furthermore, insurance coverage remains low, with just 38% of respondents insured, indicating that a large majority (62%) remain exposed to out-of-pocket health expenditures. This demographic and economic composition underscores the need for inclusive healthcare policies, improved health literacy, and financial protection mechanisms for low-income households.

Healthcare access in Dergaon

Healthcare access in Dergaon, a semi-rural area in Assam's Golaghat district, faces several challenges that hinder the well-being of its residents. People generally seek medical help only when illnesses become serious, reflecting a lack of preventive healthcare practices. Although government health facilities are available, they are often difficult to access due to issues like long wait times, limited availability of doctors, and inadequate infrastructure. Many residents also turn to private clinics or traditional healers, often due to dissatisfaction with public services.

Financial hardship is a major barrier, with many families struggling to afford medical care, especially in the absence of insurance. Transportation problems further limit timely access to treatment, particularly for those living in remote areas. Social issues such as language differences and occasional discrimination add to the difficulties faced by certain groups. Overall, healthcare access in Dergaon is marked by affordability issues, infrastructural gaps, and limited awareness, highlighting the need for better facilities, improved health education, and inclusive healthcare policies. The Table 2 shows the Details of Healthcare Utilization Behaviour in Dergaon.

Table 2: Healthcare Access in Dergaon

Category	Details of Healthcare Utilization Behaviour	Percentage
Preventive Care Visits	Regular preventive doctor visits	22%
Curative Care Visits	Visit doctors only when symptoms worsen	68%
Type of Healthcare Provider	Government facilities	43%
	Private clinics	38%
	Traditional healers	19%
Accessibility and Satisfaction		
Appointment Scheduling	Found it difficult to book appointments at government hospitals	41%
Waiting Time	Waited over 30 minutes despite having appointments	61%
Satisfaction	Satisfied with care received	49%
	Dissatisfied due to wait times, communication, lack of medicines	51%
Chronic Conditions	Suffered from at least one chronic illness (e.g., diabetes, hypertension)	35%
	Among those, faced difficulty in accessing regular care or medicines	48%
Financial Barriers	Delayed or skipped care due to financial constraints	57%
	Types of care delayed: Dental services	31%
	Diagnostic tests	25%
	Specialist visits	21%
Transportation and Other Barriers		
Transportation	Reported as a major barrier	39%
Childcare	Prevented or delayed seeking care	11%
Language	Cited as a barrier	6%
Discrimination	Faced discrimination while seeking healthcare	8%

Source: Compiled by the researcher from Field Survey

The findings presented in the Table 2 offer a multidimensional perspective on the healthcare challenges faced by the people of Dergaon. A striking revelation is the low uptake of preventive healthcare, with only 22% engaging in regular check-ups, while a

substantial 68% rely on curative services only when illness worsens—indicating a reactive rather than proactive health-seeking behaviour. Government facilities remain the primary source of care (43%), although a significant number also depend on private clinics (38%) and traditional healers (19%), highlighting gaps in trust and availability in the public system. Access issues are further evidenced by 41% of respondents experiencing difficulty in scheduling appointments at government hospitals, and 61% reporting long wait times exceeding 30 minutes. Only 49% expressed satisfaction with the care received, pointing to systemic inefficiencies and quality concerns. Chronic conditions were reported by 35% of the sample, with nearly half of them facing hurdles in managing their health due to financial and geographic limitations. Financial barriers were prominent, with 57% delaying or avoiding care; dental services, diagnostic tests, and specialist consultations were the most commonly skipped. Transportation was the leading non-financial barrier, affecting 39% of respondents, especially those in remote areas. Additional obstacles such as childcare, language difficulties, and discrimination were also noted, though to a lesser extent. Collectively, the data reflect a healthcare ecosystem that is under strain, particularly for low-income, chronically ill, and rural households, and underscore the urgent need for systemic improvements in accessibility, affordability, and quality of care.

Insurance Coverage and Out-of-Pocket Expenditure

In Dergaon, insurance coverage is notably low, which has a direct impact on how people manage their healthcare expenses. A majority of the population remains uninsured, making them highly vulnerable to financial burdens when medical needs arise. Without the protection of health insurance, families often have to pay for healthcare services directly from their own pockets—known as out-of-pocket expenditure. This financial strain is especially harsh for low-income households, many of whom struggle to afford basic medical services such as doctor consultations, diagnostic tests, and essential medicines. In several cases, families are forced to borrow money, sell assets, or delay necessary treatments due to cost concerns. These practices not only compromise health outcomes but also increase the risk of falling deeper into poverty.

The lack of awareness about available insurance schemes like Ayushman Bharat further contributes to the problem. As a result, promoting health insurance coverage and simplifying the enrolment and claim processes are essential steps toward reducing financial hardship and ensuring more equitable healthcare access in Dergaon. With only 38% insured, the majority of respondents reported out-of-pocket expenses for doctor fees, lab tests, and medication. Households earning below ₹10,000/month were particularly vulnerable, often borrowing money or selling assets to pay for treatment.

Qualitative Analysis: Key Themes from Open-Ended Responses

The qualitative analysis of open-ended responses in Dergaon reveals deep-rooted concerns and practical suggestions from the local population regarding healthcare access. A major theme that emerged was affordability—many respondents expressed that the cost of medicines, diagnostic tests, and private consultations is too high, making even basic healthcare unaffordable for low-income families. Infrastructure-related issues were also highlighted, with frequent complaints about the irregular presence of doctors at Primary Health Centres (PHCs) and the lack of essential facilities. Transportation emerged as another common concern, as many villagers reported the need to walk long distances or spend money on hired vehicles to reach medical centres. These responses also included constructive policy suggestions, such as the distribution of free or subsidized medicines, the organization of regular health camps, the need for better awareness about government health schemes like Ayushman Bharat, and the appointment of community health workers in every village. Collectively, these insights reflect the lived experiences of rural residents and underscore the urgent need for

grassroots-level reforms in healthcare delivery.

Respondents were asked about their biggest healthcare concerns and suggestions. The major themes included:

1. **Affordability:** "Medicines and tests are too expensive."
2. **Infrastructure:** "Doctors are not available regularly at the PHC."
3. **Transport:** "We have to walk or hire a vehicle to reach the hospital."
4. **Policy Suggestions:**
 - Free or subsidized medicine distribution
 - More frequent health camps
 - Awareness drives on insurance schemes (like Ayushman Bharat)
 - Community health workers in every village

Major Findings of the Study

1. **Low Utilization of Preventive Care:** Only 22% of respondents reported going for regular preventive doctor visits, while 68% sought medical help only when their symptoms worsened, showing a heavy reliance on curative care.

2. Preference for Government Facilities but with Challenges:

43% of respondents used government healthcare facilities,

38% visited private clinics, and

19% relied on traditional healers.

However, 41% found it difficult to schedule appointments in government hospitals, and 61% experienced waiting times of more than 30 minutes.

3. **Low Satisfaction with Services:** Only 49% of the respondents were satisfied with the healthcare they received, while 51% expressed dissatisfaction, mainly due to long wait times, poor communication, and unavailability of medicines.

4. Chronic Health Issues and Access Barriers:

35% reported having at least one chronic illness (e.g., diabetes, hypertension),

Among them, 48% faced difficulty accessing regular care or medication.

5. Financial Barriers and Out-of-Pocket Expenditure:

57% delayed or skipped medical care due to financial constraints.

Commonly delayed services included dental care (31%), diagnostic tests (25%), and specialist visits (21%).

Only 38% of respondents had health insurance, leaving 62% without coverage and vulnerable to high out-of-pocket expenses.

6. Transportation and Other Barriers:

39% reported transportation as a major barrier to accessing healthcare.

11% delayed care due to childcare responsibilities.

6% cited language as a barrier, and 8% reported facing discrimination while seeking healthcare.

The findings of the study highlight the multifaceted nature of healthcare challenges in Dergaon, emphasizing the urgent need for policy actions aimed at improving

affordability, accessibility, and service quality in rural healthcare systems.

This study reaffirms that healthcare access in Dergaon is constrained by financial, infrastructural, and informational barriers. While government facilities are present, under-resourcing and limited outreach reduce their effectiveness. Private facilities, though more responsive, remain unaffordable for the majority. The low rate of insurance coverage and reactive health-seeking behaviour point to a critical need for awareness programs. The intersection of poverty, gender, and geography creates layered vulnerabilities, especially among women and the elderly.

Policy Recommendations

Based on the findings, the study recommends a multi-pronged policy approach to improve healthcare access in Dergaon. Strengthening the primary healthcare infrastructure is crucial, including upgrading existing Primary Health Centres (PHCs) with diagnostic facilities, trained medical personnel, and extended service hours to cater to working individuals. Preventive healthcare must be prioritized through regular community-based screening programs and health education campaigns led by schools and Self-Help Groups (SHGs). Expanding health insurance coverage under schemes like Ayushman Bharat is essential, along with simplifying the claim process and increasing awareness through ASHA workers. To address geographic barriers, the provision of subsidized ambulance services and mobile health units in remote areas is recommended. Moreover, the system must tackle social barriers by training medical staff in culturally sensitive communication, recruiting health workers fluent in local languages, and establishing grievance redressal mechanisms in healthcare institutions. Collectively, these interventions aim to create a more inclusive, accessible, and equitable healthcare environment in rural Assam.

Conclusion

From the above we may conclude that the study presents a comprehensive understanding of the challenges surrounding healthcare access in Dergaon, a semi-rural area in Assam's Golaghat district. Despite the presence of public health infrastructure, systemic inefficiencies such as inadequate staffing, long wait times, and limited resources hinder effective service delivery. Financial barriers, including low insurance coverage and high out-of-pocket expenses, significantly affect health-seeking behaviour, particularly among low-income households. Moreover, logistical constraints like poor transportation and social issues such as language barriers and occasional discrimination further limit access to timely and quality healthcare. The population largely adopts a curative rather than preventive approach to healthcare, reflecting gaps in awareness and health education. To bridge these disparities, the study underscores the urgent need for integrated policy interventions focusing on infrastructure development, financial protection, community engagement, and culturally sensitive service delivery. Ensuring equitable access to healthcare in Dergaon is not just a matter of infrastructure but also of informed policy and inclusive implementation, which together can contribute to improved health outcomes and overall quality of life in rural Assam.

Scope for Future Study

While this study provides valuable insights into the current state of healthcare access in Dergaon, there remains considerable scope for future research. A broader comparative study involving multiple rural and urban regions across Assam or Northeast India could help identify region-specific challenges and successful models of healthcare delivery. Longitudinal studies would be beneficial in tracking changes in health-seeking behaviour, insurance uptake, and health outcomes over time, particularly in response to policy interventions. Additionally, future research could explore the role of digital health technologies, telemedicine, and mobile health units in enhancing accessibility, especially

in remote areas. Investigating gender-specific barriers, mental health services, and the impact of social determinants like education and occupation on healthcare utilization could further enrich the understanding of rural health dynamics. Such extended studies will contribute significantly to evidence-based policymaking and the design of inclusive healthcare systems that cater to diverse rural populations.

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